

01-22-01

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jc966 U.S. PTO
01/18/01

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	IMET0050
	First Inventor or Application Identifier	Hockersmith
	Title	A Formula to Manipulate Blood Glucose Via the ...
	Express Mail Label No.	EL540886896US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages 23] <small>(preferred arrangement set forth below)</small> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11] 4. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 13. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:	
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label 22862 <small>(insert Customer No. or Attach bar code label here)</small>		<input type="checkbox"/> Correspondence address below	
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Michael A. Glenn	Registration No. (Attorney/Agent)	30,176
Signature	<i>[Signature]</i>	Date	1/18/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

jc966 U.S. PTO
09/766427
01/18/01

FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision
 Small Entity payments must be supported by a small entity statement,
 otherwise large entity fees must be paid See Forms PTO/SB/09-12
 See 37 C.F.R. §§ 1.27 and 1.28

TOTAL AMOUNT OF PAYMENT

(\$) ~~404.00~~ 521.00

Complete if Known

Application Number Unassigned
 Filing Date Herewith
 First Named Inventor Hockersmith
 Examiner Name Unassigned
 Group / Art Unit Unassigned
 Attorney Docket No. IMET0050



METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to

Deposit Account Number 07-1445

Deposit Account Name Michael Glenn

☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 760 201 380		Utility filing fee	355.00
106 310 206 155		Design filing fee	
107 480 207 240		Plant filing fee	
108 760 208 380		Reissue filing fee	
114 150 214 75		Provisional filing fee	

SUBTOTAL (1) (\$) 355.00

2. EXTRA CLAIM FEES

Extra Claims Fee from below Fee Paid
 Total Claims 34 - 20** = 14 x 9 = 126.00
 Independent Claims 3 - 3** = 0 x 40 = 0.00
 Multiple Dependent ☐ = ☐

**or number previously paid, if greater, For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18 203 9		Claims in excess of 20
102 78 202 39		Independent claims in excess of 3
104 260 204 130		Multiple dependent claim, if not paid
109 78 209 39		** Reissue independent claims over original patent
110 18 210 9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 126.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130 205 65		Surcharge - late filing fee or oath	
127 50 227 25		Surcharge - late provisional filing fee or cover sheet	
139 130 139 130		Non-English specification	
147 2,520 147 2,520		For filing a request for reexamination	
112 920* 112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840* 113 1,840*		Requesting publication of SIR after Examiner action	
115 110 215 55		Extension for reply within first month	
116 380 216 190		Extension for reply within second month	
117 870 217 435		Extension for reply within third month	
118 1,360 218 680		Extension for reply within fourth month	
128 1,850 228 925		Extension for reply within fifth month	
119 300 219 150		Notice of Appeal	
120 300 220 150		Filing a brief in support of an appeal	
121 260 221 130		Request for oral hearing	
138 1,510 138 1,510		Petition to institute a public use proceeding	
140 110 240 55		Petition to revive - unavoidable	
141 1,210 241 605		Petition to revive - unintentional	
142 1,210 242 605		Utility issue fee (or reissue)	
143 430 243 215		Design issue fee	
144 580 244 290		Plant issue fee	
122 130 122 130		Petitions to the Commissioner	
123 50 123 50		Petitions related to provisional applications	
126 240 126 240		Submission of Information Disclosure Stmt	
581 40 581 40		Recording each patent assignment per property (times number of properties)	40.00
146 760 246 380		Filing a submission after final rejection (37 CFR § 1.129(a))	
149 760 249 380		For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 40.00

SUBMITTED BY

Name (Print/Type) Michael A. Glenn
 Signature

Registration No (Attorney/Agent) 30,176

Complete (if applicable)

Telephone 650-474-8400
 Date 1/18/01

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The PTO did not receive the following listed item(s) 521, but received 511